

Case Number:	CM14-0007188		
Date Assigned:	02/07/2014	Date of Injury:	10/29/2011
Decision Date:	07/14/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50-year-old female who has submitted a claim for persistent right knee pain status post right MCL repair, status post right ACL reconstruction, s/p right medial meniscectomy, associated with an industrial injury date of October 29, 2011. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 01/13/2014, showed discomfort with right knee. The pain was 3/10 on a VAS score. Physical examination revealed limited range of motion of right knee with no crepitus associated. There was no swelling or effusion. Ligaments were stable. Femoropatellar glide was smooth. Treatment to date has included right MCL repair (2011), right ACL reconstruction (2012), right arthroscopic medial meniscectomy (2013), physical therapy, aquatic therapy and medications which include Tramadol cream since at least August of 2013. Utilization review from 01/02/2014 did not grant the request for the purchase of Tramadol cream and Tramcap Cream because indications for the use of topical compounded products are not present and were not supported by evidence based guidelines. Tramadol does not have any evidence of efficacy when used as topical formulations.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

REFILL ON TRAMADOL CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Tramadol is indicated for moderate to severe pain, but is likewise not recommended for topical use. In this case, the patient was on Tramadol 20% cream since at least August of 2013. The rationale of using a topical medication is to minimize the use of narcotic medications. However, tramadol is not recommended in topical formulation. Moreover, the request did not specify the amount of medication to dispense. Therefore, the request for Tramadol cream is not medically necessary.

REFILL ON TRAMCAP CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CAPSAICIN; TOPICAL ANALGESICS Page(s): 28-29; 111-113.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that any compounded product that contains at least one drug (drug class) that it is not recommended. Tramadol is indicated for moderate to severe pain, but is likewise not recommended for topical use. The California MTUS states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatment. In this case, the earliest progress report stating the use of this medication was dated 08/29/2013. The documentation submitted for review was not enough to indicate that the patient has failed a trial of oral pain medications prior to proceeding with the use of topical analgesic. There was also no discussion concerning the prescription of unsupported medications based on guidelines. Additionally, the request did not specify the amount of medication to dispense. Therefore, the request for Tramcap cream is not medically necessary.